

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

FEB 2 2016

1. CARRIER INFORMATION:

986 Innovative Life Solutions, Inc.

*WMATC No. *Name of Carrier (as shown on certificate of authority)

7416 Blair Road, N.W. Washington DC 20012-1820

*Street Address of Principal Place of Business

Apt./Suite

City

State

Zip

8484 Georgia Avenue,

900

Silver Spring

MD

20910

Mailing Address (if different from street address)

Apt./Suite

City

State

Zip

(301) 270-4750

(301) 602-9997

(301) 270-4754

dcarrington@innovativelife.org

*Telephone

Other Telephone

Fax

E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.

DCTC No.

Virginia DMV passenger carrier No.

Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Ms. Bonita F Bullock

Business Manager

*Name

*Title

(301) 270-4750

(240) 997-8144

(301) 270-4754

dcarrington@innovativelife.org

*Telephone

Other Telephone

Fax

E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

N/A

Name of Registered Agent for Service of Process

Telephone

E-mail

Agent Address (must be inside Metropolitan District)

Apt./Suite

City

State

Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

N/A

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below **or** (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information. (see attachment)

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Bonita F Bullock

*Name (type or print)

Business Manager

*Title (not required for sole proprietors)

Bonita F Bullock

*Signature

2/1/16

*Date

6. LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:

FLEET NUMBER	MODEL YR	MAKE	VEHICLE VIN # (17 DIGITS)	LICENSE PLATE NUMBER	STATE REGISTERED	SEATING CAPACITY	WHEELCHAIR LIFT OR RAMP YES/NO
1	2010	FORD E350	1FBNE3BL3ADA01609 ✓	DK0196	DC	12	N
2	2010	FORD E350	1FBNE3BL4ADA01926 ✓	DK0197	DC	12	N
3	2010	FORD E350	1FBNE3BLXADA04488 ✓	DK0198	DC	12	N
4	2010	FORD E350	1FBSS3BL1ADA04102 ✓	HP17164	DC	12	Y
5	2010	FORD E350	1FBSS3BLXADA04101 ✓	HP17165	DC	12	Y
6	2011	FORD E350	1FBNE3BL5BDB03480 ✓	EC1140	DC	12	N
7	2011	FORD E350	1FBSS3BL9BDA35499 ✓	B43336	DC	12	Y
8	2011	KIA Sadona	KNDMG4C70B6366649 ✓	6AP6810	MD	7	N
9	2008	FORD E350	1FBSS31L58DA78554 ✓	B45862	DC	12	Y
10	2008	FORD E350	1FBSS31L28DAO6341 ✓	B45867	DC	12	Y
11	2009	KIA Sadona	KNDMB233496282487 ✓	D45377	DC	7	N
12	2009	KIA Sadona	KNDMB233196282608 ✓	B42349	DC	7	N
13	2005	FORD E350	1FBNE31L65HA11695 ✓	DU4792	DC	7	N
14	2012	FORD E250	1FTNE2EW7CDA97498 ✓	EU0291	DC	12	Y